

Waiver/Release Form with Emergency Contacts

While training with József Szendrei (DBA) Gym Integrity

I understand that physical exercise can be strenuous and subject to risk of serious injury, you are urged to obtain a physical examination from a doctor before participating in any exercise activity. You (_____) agree that if you engage in any physical exercise or activity, you do so **entirely at your own risk.**

Any recommendation for changes in diet including the use of food supplements and weight reduction products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes.

You agree that you are voluntarily participating in these activities and **assume all risks** of injury, illness or death.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: (a) your participation in any activity or sports performance enhancement sessions and (b) instruction, training, supervision, or dietary recommendations by your Sports Performance Coach.

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a **release of liability**. You expressly agree to release and discharge your Sports Performance Coach from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against your Sports Performance Coach for personal injury or property damage.

To the extent that statute or case law does not prohibit release for negligence, this release is also for negligence on the part of the Sports Performance Coach.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from

liability shall remain in full force and effect and the offending provision or provisions severed here from.

Understand that there is a 24-hour cancellation policy. If I am unable to cancel before that time I will be responsible for the costs associated with that session.

Emergency Contact Information:
Name: _____
Phone#: _____
Relationship: _____

Name: _____
Phone#: _____
Relationship: _____

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Participant's signature Date

Please print name

Parent or legal guardian (*if participant is under age eighteen*) Date

Please print name